

**STATE OF OHIO  
EMERGENCY OPERATIONS PLAN**



**EMERGENCY SUPPORT FUNCTION #8  
PUBLIC HEALTH  
AND MEDICAL SERVICES**

**Tab A – Ohio Medical Countermeasure  
Management and Dispensing Plan**

**FACILITATING AGENCY**

Ohio Department of Health

# OHIO EMERGENCY OPERATIONS PLAN

## Ohio Medical Countermeasure Management and Dispensing Plan

### Tab A to ESF-8 of the Ohio Emergency Operations Plan

**Facilitating Agency:** Ohio Department of Health (ODH)

**Support Agencies:** Adjutant General's Department, Ohio National Guard (OHNG)  
American Red Cross (ARC)  
Ohio Department of Administrative Services (DAS)  
Ohio Department of Education (ODE)  
Ohio Department of Mental Health and Addiction Services (ODMH/AS)  
Ohio Department of Natural Resources (ODNR)  
Ohio Department of Rehabilitation and Correction (ODRC)  
Ohio Department of Transportation (ODOT)  
Ohio Emergency Management Agency (Ohio EMA)  
Ohio Environmental Protection Agency (OEPA)  
Ohio State Board of Pharmacy (OSBP)  
Ohio State Highway Patrol (OSHP)

## I. INTRODUCTION

### A. Purpose

1. The Ohio Medical Countermeasure (MCM) Management and Dispensing Plan addresses management responsibilities in an emergency situation for state-level agencies to effectively deliver critical MCM material to the site of an emergency.
2. The primary goal of this plan is to coordinate the efforts of support agencies in the use and management of medical countermeasures (MCM) in response to public health and medical emergencies that require the distribution of medical material from the Ohio Department of Health (ODH), Emergency Support Function (ESF-8), Public Health and Medical Services; or Federal support programs.
3. Ohio Department of Health Managed Inventory (ODHMI) is medical material stored by the Ohio Department of Health within the Receipt, Store, and Stage Facility (hereafter "RSS").
4. Vender Managed Inventory (VMI) is medical material maintained by ODH vendor partners. These resources are intended to serve response personnel.

5. The SNS is a national repository of antibiotics, antiviral drugs, chemical antidotes, antitoxins, vaccines, life-supporting medications and medical supplies. The SNS is designed to supplement and re-supply state and local resources during large-scale public health and medical emergencies. SNS material is deployed in an effort to help states and localities save lives, prevent disease and facilitate the continuation of basic health care services.
6. The SNS program is managed federally by the Centers for Disease Control and Prevention's (CDC) Division of the Strategic National Stockpile (DSNS). In Ohio, the SNS and MCM programs are managed by the ODH Office of Health Preparedness (OHP).
7. In this Plan, "MCMs" and "MCM" refer to any countermeasures or material that may be used during an incident and that may include resources from the SNS program. In this plan, SNS refers specifically to the Strategic National Stockpile Program.

#### B. Scope

1. This plan addresses supplemental assistance to local governments in responding to MCM needs as a result of public health and medical emergencies that require the distribution of MCMs.
2. Ohio maintains operational readiness to execute an MCM response that is aligned with the Public Health and Medical Services Core Capability and with the specific functions previously defined in the Medical Supplies Management and Distribution Target Capability. State efforts directly support local jurisdictions' Medical Countermeasure Dispensing and Medical Material Management and Distribution Public Health Preparedness Capabilities, as well as the Public Health and Medical Services Core Capability.
3. This plan supports incident response to all hazards in Ohio that require the distribution of MCMs.

## II. SITUATION

#### A. General Conditions

1. The Governor of the State of Ohio has designated the Director of ODH the authority to formally request the deployment of the SNS from the CDC. This designation was made under authority defined in a December 2007 CDC document entitled *Delegation of Authority to Request Federal Assistance from the Centers for Disease Control and Prevention for the Strategic National Stockpile*.
2. Ohio's public health jurisdictions and health care systems (e.g. hospitals, treatment centers and health care providers) have an adequate supply of MCMs to conduct business under normal circumstances. Additionally, public health

jurisdictions and health care systems have agreements in place to acquire additional resources. If these agreements and procedures are insufficient, additional state and federal resources may be required.

3. Incidents necessitating MCMs can occur with or without warning and can escalate, despite efforts to mitigate their effects.
4. An epidemic or pandemic disease, or bioterrorism event may affect a large number of people over an extended period of time, and the initial spread of a disease may not be obvious.
5. Planning for the distribution and dispensing of MCMs is a continuous process involving all levels of government.
6. Tactical plans for carrying out specific, security-sensitive tasks and functions of the state's MCM plans are considered Sensitive but Unclassified (SBU) For Official Use Only (FOUO) and are omitted from this Plan.

#### B. Emergency Conditions

1. An incident that requires the activation of this plan may exist if one-or-more of the following conditions occur:
  - a. On-hand medical resources are inadequate to meet current or future health care needs.
  - b. Local public health officials and/or emergency management officials make the determination that an incident has occurred within their jurisdiction and requires state-level assistance for MCM distribution.
2. MCMs may be required for a variety of different emergency conditions, and based upon the nature of the emergency, other hazard-specific plans may be activated in conjunction with this plan.

### III. ASSUMPTIONS

- A. During an incident requiring MCMs, local, regional, state, and federal organizations will coordinate activities for preparedness, prevention, response and recovery.
- B. Existing public health surveillance systems may detect an incident for which MCM resources will likely be required. Surveillance for adverse health effects, or reporting of symptoms and/or syndromes by health care providers in hospitals, medical offices and clinical settings and/or through environmental monitoring is paramount in the prevention of possible spread, response, and recovery efforts.
- C. Detection of exposures to biological, radiological or chemical agents or disease could occur days or weeks after exposed individuals have left the site of an intentional or unintentional agent release.

- D. The activation of this plan assumes that there is a suspected or actual release of a biological, radiological or chemical agent; a natural or man-made disaster; a disease outbreak; insufficient resources; or another type of incident that adversely impacts public health and that may quickly overwhelm local response resources, requiring supplemental resources of the state MCM program.
- E. Incidents that necessitate the deployment of MCMs may involve multiple jurisdictions within the state.
- F. If an emergency or disaster exceeds local capabilities and resources, local officials may declare an emergency or disaster and request state assistance.
- G. If this Plan is activated, the State of Ohio's Emergency Operations Center (State EOC) may be activated.
- H. Existing local and regional resources will be utilized prior to processing a request for state-level MCM support.
- I. Arrival time for the SNS "push package" will be within 12-hours of CDC's decision to deploy.
- J. CDC Managed Inventory specific to the event may be necessary to augment the SNS "push package" or may substitute for the "push package". These resources may be available prior to the arrival of the "push package".
- K. Pre-identified Points of Dispensing (PODs) and drop site facilities will be available to support and facilitate MCM-related activities.
- L. MCMs will be apportioned based on available resources, current or anticipated populations affected, and the number of activated PODs and treatment centers.
- M. Initial resources and resupply will be dispensed based on MCM Group/ODH allocation strategy recommendations to the ODH Director. In the event that multiple Metropolitan Statistical Areas are simultaneously impacted, the ODH Director, or their Designee, will provide MCM allocation recommendations to the State EOC's Executive Group.
- N. Two distribution models may be employed by the state during an incident that requires MCMs:
  - 1. In an incident in which the State anticipates a resource shortfall, the State may elect to preposition resources in/near the impacted community so that they are readily available following a local request.
  - 2. The State will mobilize resources following a request for MCMs by a LHD or local healthcare system.

- O. Local health jurisdictions and Healthcare systems (e.g., hospitals) will utilize the ICS 213 RR form to request MCMs through their local emergency management agency.
- P. In a terrorism-related incident, the release of a biological agent, affected individuals may require post-exposure prophylaxis via oral medications and/or injectables.
- Q. Responders and critical infrastructure staff (and their families, when appropriate and sufficient prophylaxis is available), including critical continuity of operations staff, may be among the first to receive prophylactic medication and/or personal protective equipment (PPE) to counteract the effects of the identified hazard.
- R. The need for medical triage and behavioral health services is anticipated.
- S. Because of the sensitive nature of MCM operations, the following information will not be released to the public:
  - a. Where MCMs are coming from;
  - b. How MCMs are being transported;
  - c. When and where MCMs will arrive;
  - d. Where MCMs will be received, staged and stored.
- T. Information and instructions will be disseminated when appropriate to facilitate the dispensing of MCMs to the public.

#### **IV. CONCEPT OF OPERATIONS**

- A. This plan provides state assistance to support existing local jurisdictions' distribution and dispensing capabilities, and will be implemented as conditions warrant, following consultations between federal, state and local officials for the protection of an affected area's population.
- B. MCM Management
  - 1. ODH and this plan's support agencies, as appropriate and within relevant authorities, will coordinate and share information related to biological, epidemiological, and environmental surveillance activities with other support agencies to ensure that mass care/non-governmental-related agencies can safely respond to mass care and public works missions that are directed to protecting and servicing the public and critical infrastructure elements.
  - 2. As the lead agency for MCM management, ODH may provide incident management and provide initial state interagency coordination for "health-specific" actions.

3. ODHs' MCM Responder Group activation will be dependent upon the type and level of assistance requested from local authorities. Some MCM response operations can be handled by ODH and support agencies as part of normal response operations. ODH maintains staffing rosters for the key positions within the ODH MCM Responder Group.
4. ODH will provide situational awareness and coordinate the MCM response. ODH will support agency liaisons and responders that are mobilized and dispatched to the RSS.
5. State-level response will be in support of the local response. Coordination between local and state-level operations will be facilitated within the State EOC or by ODH.
6. Appropriate actions will be taken to provide the necessary oversight, situational awareness, decision support and state interagency forum(s) to assist senior decision makers.
7. State agency personnel and equipment will not be required under this plan to enter, deliver MCM to, and/or conduct operations in any area of the state that has been determined to be a "contaminated hot zone". Appropriate methods of MCM delivery to contaminated hot zones will be determined through the State EOC's Executive Group at the time of an incident.
8. The ODH Office of Communications, and the Joint Information Center (JIC), will ensure the security and distribution of information on the availability of MCMs to the public.

#### C. MCM Response Options

This plan will employ distinct means to provide support to local jurisdictions; which could include a combination of the following approaches:

1. **ODH Managed Inventory (ODHMI)** ODHMI inventory is available upon request and activation of the ODH RSS.
2. **Vendor Managed Inventory (VMI)** – VMI will be made available to the Ohio Department of Health within two (2) hours of request. Product must first be transported to either the ODH RSS or ODMH/AS for order breakdown.
3. **12-Hour Push Packages** – SNS program assets will arrive in Ohio b after the federal decision to deploy, within 12 hours. The SNS assets are referred to as a "Push Package" because CDC will push or ship almost everything a state needs to respond to a broad range of threats in the early hours of an event when people are sick or dying from an ill-defined or unknown threat. Push Packages can include any combination of the following SNS assets (i.e., Oral Antibiotics, Intravenous, Respiratory, Pediatric, Medical/Surgical).

4. **CDC Managed Inventory (CDCMI)** – CDCMI will contain large quantities of MCMs to deal with a specific, known hazard.
5. **Vaccines** – Vaccine management and distribution operations and protocols will be dictated by the incident, and as directed by the CDC. It is noted that in situations where the threat has been determined, the source of MCMs that will be pushed to Ohio will be CDCMI.

#### D. MCM Response Indicators

1. MCM response indicators have been identified with consideration to the potential risks to the Ohio populace that would warrant an MCM response. MCM response indicators alone do not activate this plan.
2. Response indicators of a potential Ohio MCM response may include, but are not limited to:
  - a. Credible intelligence of an imminent threat of, or an incident requiring MCMs has occurred.
  - b. Detection of the presence of a biological agent.
  - c. Local jurisdictions report a medical surge beyond their capability.
  - d. Suspect cases are reported by local health jurisdictions that may require large quantities prophylaxis or other MCMs.
  - e. Requests for MCMs are submitted to the State.
  - f. The Governor issues a State of Emergency declaration in response to the incident.
  - g. Ohio receives a request from a cross-border state for MCMs in order to respond to an incident.
  - h. The CDC notifies ODH they are releasing a “Push Package” or CDCMI to Ohio.



#### E. Critical Information Requirements

Senior-level decision makers who have responsibility for implementing and supporting the Ohio MCM Plan will require information regarding:

1. Location, time, and characteristics of the public health or medical emergency.
2. Current and projected population affected and/or exposed.
3. Ohio Countermeasure effectiveness and burn rate.
4. Measure of local dispensing performance.
5. Status of local requests for assistance.
6. Composition and disposition of MCMs
7. Status of pre-designated state volunteers, ad hoc volunteers, and Incident Management Teams (IMT).
8. Current on-hand inventory.
9. Transportation capacity.
10. Security of MCMs, security posture within the affected jurisdiction(s) and measure of public order.
11. Overall awareness of the situation at the local, regional, state, national, and international levels.

#### F. Response Strategy

1. Activities will be performed at all levels of government. Response actions will integrate Federal MCMs into Ohio for distribution to local jurisdictions in order to supplement the response. Initial MCM response activities may include, but may not be limited to:
  - a. Maintaining a common operating picture to ensure ongoing coordination of the MCM response with the efforts of local, and federal entities, plus those of neighboring states, voluntary organizations and the private sector.
  - b. Ensuring effective and efficient use of state resources. Detecting imminent threats of a public health or medical hazard.
  - c. Coordinate with local partners.
  - d. Conducting alert notifications and communications.
  - e. Maintaining situational awareness.

- f. Receiving and processing ICS 213 RR forms.
- g. Receiving and processing of Emergency Management Assistance Compact (EMAC) requests for MCMs.
- h. Deciding on the activation of the State EOC.
- i. Identifying what local and state-level resources are available.
- j. Analyzing whether local and state-level resources have been exhausted, or are projected to be exhausted.
- k. The Governor issuing a State of Emergency declaration in response to the incident.
- l. Requesting federal assets from the CDC.
- m. Establishing security for MCM operations.
- n. Activating an RSS facility and direction of ODH RSS Responder Group operations.
- o. Establishing MCM operational tactical communications.
- p. Receiving and inventorying MCMs.
- q. Allocating and initiating inventory tracking of MCMs.
- r. Repackaging and staging MCMs for distribution.
- s. Distributing and transferring custody of MCMs to RDS, CDS, PODs, hospitals and/or treatment centers.
- t. Providing behavioral health services to MCM operations personnel.
- u. Providing support to locals for MCM-related operations, to include but not limited to mass dispensing and prophylaxis operation to the impacted population.
- v. Resupplying MCMs as necessary.

#### G. Demobilization and MCM Recovery

- 1. Once local authorities, , determine that local jurisdictions have sufficient capacity to serve their affected population, senior state leadership will evaluate whether state-level MCM response operations may demobilize. ODH RSS Responder Group demobilization and recovery activities include but are not limited to:

- a. Demobilizing all deployed resources to include recovery and/or disposal of unused MCMs.
- b. Monitoring the provision of mental and behavioral health services.
- c. Collecting administrative documentation.
- d. Creating an After-Action Report and Improvement Plan (AAR/IP).

## **V. RELATIONSHIPS BETWEEN LEVELS OF GOVERNMENT**

### **A. Federal**

The Secretary of the United States Department of Health and Human Services (HHS) may declare a public health emergency to respond to an event requiring mass treatment and/or mass prophylaxis. A declaration of a public health emergency requires consultation with Ohio public health officials and a determination of:

1. A situation that presents a public health emergency; or
2. A public health emergency, including significant outbreaks of infectious disease or bioterrorist attacks otherwise exist (42.U.S.C. § 247d a).

### **B. State**

1. The Governor of Ohio may declare a State of Emergency in response to an event requiring MCMs.
2. Response and recovery agencies will maintain a working relationship throughout the emergency to ensure that emergency needs are identified, assessed, prioritized and addressed.
3. State agencies will coordinate with federal organizations and counterpart agencies from adjacent states during an emergency.
4. Response and recovery agencies will bring responders from all levels of government, and non-governmental organizations together.

### **C. Local**

1. Local level emergency requests for state resources and services communicated to the State EOC will be directed to the appropriate response agencies. State agency field personnel will act as liaisons between county EMAs/EOCs and the State EOC during these emergencies as per the Ohio EOP.
2. County emergency management agencies in impacted areas will activate their EOCs, as needed, to provide support for federal, state and local operations.

Local organizations that have roles to play in MCM response and recovery are listed, but are not limited to the organizations that appear in the “Local Organizations” column in the chart, below.

D. The following comparison chart shows counterparts at state, federal and local levels with emergency management responsibilities for MCM response and recovery. During emergency response, these organizations may work together as teams in order to identify, control and prevent the spread of diseases. This comparison chart ensures that these agencies have the proper interface when activated during an emergency.

<b>Local Agencies</b>	<b>State Agencies</b>	<b>Federal Agencies</b>	<b>Non-Government Organizations</b>
Local Health Jurisdictions Local Hospitals	Ohio Department of Health	U.S. Department of Health and Human Services Centers for Disease Control and Prevention National Institute for Occupational Safety and Health U.S. Public Health Service Office of the Assistant Secretary for Preparedness and Response (Hospital Preparedness Planning) U.S. Department of Homeland Security (National Disaster Medical System) U.S. Department of Veterans Affairs	Association of Ohio Health Commissioners Ohio Hospital Association
*	Adjutant General’s Department, Ohio National Guard	U.S. Department of Defense	*
American Red Cross	American Red Cross	American Red Cross	American Red Cross Ohio VOAD
County Prosecutor	Attorney General’s Office	U.S. Department of Justice	*
County and City Procurement Offices	Ohio Department of Administrative Services	General Services Administration	*
Local Fire and EMS	Ohio Department of Commerce, State Fire Marshal	U.S. Department of Commerce: Food and Drug Administration – Drug Enforcement Agency	*
Community Mental Health/Alcohol, Drug and Mental Health Boards Alcohol and Drug Addiction Services Boards	Ohio Department of Mental Health and Addiction Services	Substance Abuse and Mental Health Services Administration	*
County Wildlife Offices	Ohio Department of Natural Resources	U.S. Department of the Interior	*
Local/County Jails	Ohio Department of Rehabilitation and Corrections	Federal Bureau of Prisons	*
County Engineers	Ohio Department of Transportation	U.S. Department of Transportation	*
County Emergency	Ohio Emergency	DHS/Federal Emergency Management Agency	*

Management Agencies	Management Agency		
Local Law Enforcement	Ohio Homeland Security Division	U.S. Department of Homeland Security	*
Ohio Pharmacists Association	Ohio State Board of Pharmacy	U.S. Food and Drug Administration, Drug Enforcement Agency	Retail Pharmacy Chains
*	Ohio Environmental Protection Agency	U.S. Environmental Protection Agency	*
School District Superintendents	Ohio Department of Education	U.S. Department of Education	*

\* There is no comparable designated organization at this level of government

## VI. ORGANIZATION AND ASSIGNMENT OF RESPONSIBILITIES

- A. The following sections provide guidance to State departments and agencies on how to execute their roles and responsibilities (common and specific) during a MCM response.
- B. Local health jurisdictions will be vital in conducting mass dispensing campaigns.
- C. The HHS, U.S. Department of Homeland Security (DHS), U.S. Department of Justice (DOJ), and the U.S. Department of Defense (DOD) may support state and local efforts with information and resources.

### Common Roles and Responsibilities

The following tasks are assigned to all participating departments and agencies:

1. Assist in the development and synchronization of the Ohio MCM Plan and agency-based operational plans with other State departments and agencies and other governmental entities at the local levels.
2. Equip and train personnel (teams and volunteers) for deployment in a State-level response.
3. Assist in the engagement of non-governmental organization (NGO) and private sector partners, as appropriate.
4. Assist in the synchronization of information sharing and in leveraging existing state and local systems to facilitate maximum benefit to decision makers and responders.
5. Participate in the state's Joint Information Center (JIC) that coordinates and disseminates local- and state-level response messaging and ensures that the Ohio government speaks with one voice throughout the incident.

6. Support the implementation of protective measures during incident response, as well as changes to Federal and State alert notification levels (e.g., Homeland Security Advisory System [HSAS], Ohio EMA State EOC Activation Levels, World Health Organization [WHO] Phases etc.); as appropriate.
7. Assist in MCM operations and coordinate with other State agencies and local governmental organizations.
8. Assist in ensuring that MCM response functions are fully integrated into the incident/unified command structure for Ohio's all hazard response as presented in the State EOP and ESF-8.

### **Specific Roles and Responsibilities**

- A. In the event of a health emergency ODH will notify local health jurisdictions, hospitals, CDC and the State EOC of an event requiring a possible MCM response.
- B. If situational assessments indicate that a state-level response and recovery operation is required, appropriate agencies that are listed in this Plan will be notified through the State EOC based on incident needs.
- C. Lead and support agencies will coordinate the most effective use of personnel and equipment to avoid redundant activities and to maximize the effectiveness of emergency response operations.
- D. Facilitating Agency – Ohio Department of Health (ODH)
  1. Maintain a roster of personnel to provide 24/7 essential staffing at the RSS.
  2. Direct MCM management and coordinate MCM functional elements during a MCM response.
  3. Identify and provide essential staffing requirements and volunteer coordination for the RSS.
  4. Identify and maintain Ohio RSS warehouse site(s).
  5. Notify the State EOC when an incident has occurred that requires an MCM response.
  6. Coordinate with ESF-7 (Logistics) to determine the current levels of on-hand statewide inventories and vendors that could procure additional resources.
  7. Determine when to recommend that the Governor or designee request deployment of SNS and other MCMs from the CDC to a designated receiving location in Ohio. The decision will be based on the current state-wide availability of medical supplies.

8. Provide subject matter expertise to the State EOC Executive Group regarding the activation and implementation of the Ohio MCM plan.
9. Process requests for MCMs submitted by local emergency response agencies through the State EOC.
10. Coordinate RSS operations with partner agencies.
11. Provide RSS tactical communications information to ESF-2 (Communications).
  - a. Coordinate with ESF-2 on the assignment of talk groups for Multi-Agency Radio Communications System (MARCS) radios assigned to the RSS and transportation vehicles.
  - b. Ensure that tactical communications are established and maintained at RSS.
  - c. Ensure that each POD and treatment center location has a designated point of contact (POC) to collect and communicate needs through local EOC and the State EOC.
12. Determine and allocate the type and quantity of MCMs to be distributed to hospitals/treatment centers and POD sites within local health jurisdictions.
  - a. Determine the apportionment of MCMs to RDS, CDS, PODs and/or hospital/treatment centers on the basis of health, epidemiologic investigations, intelligence, populations or projected inventory availability data.
  - b. Ensure, in coordination with ESF-1, that MCMs will be distributed to the identified RDS, CDS, hospital/treatment centers and/or POD sites.

13. Coordinate applicable security, inventory control, repacking, transportation and chain of custody transfers in coordination with ESF-13 (Law Enforcement), and ESF-1 (Transportation).
  - a. Ensure that a designated state official, who is registered with the Drug Enforcement Administration, or their designee, is present to accept custody of MCMs.
  - b. Maintain MCM inventories.
  - c. Ensure the orderly receipt of MCMs; including proper storage and security measures; and requesting technical support from the CDC.
  - d. Ensure that appropriate shipping documents [e.g. Bill of Lading (BOL), packing lists] are provided to all drivers.
  - e. Ensure that all drivers and Ohio responders are trained and briefed on the MCM functional elements, including chain-of-custody protocol.
14. Provide dispensing and vaccination guidance and sample protocols to local health jurisdictions and hospitals.
15. Collaborate with the Ohio State Pharmacy Board, Ohio Pharmacists Association and Retail Pharmacy Chains to identify tactics to bolster a mass dispensing campaign in Ohio.
16. Provide health and medical advisories and ensure related public information is communicated in coordination with ESF-15 (Emergency Public Information and External Affairs) and the State Joint Information Center (JIC).
17. Initiate demobilization of RSS site operations.
  - a. Determine an inventory of all unused MCMs (pharmaceuticals, medical equipment and containers) from PODs and treatment center sites, CDS, RDS and the RSS.
  - b. Initiate the return transport of unused MCMs through ESF-1 Tab B, the Ohio Medical Countermeasure Transportation and Distribution Plan.

#### E. Support Agencies

1. Ohio Emergency Management Agency (Ohio EMA)
  - a. Through the State EOC, assist in maintaining situational awareness regarding the status of local/state medical resources and potential needs.
  - b. Provide support for the dissemination to-and-between responding state agency partners by coordinating communications resources as specified in ESF-2 (Communications).



- c. Provide redundancy in communications networks including landlines, cellular, fax, MARCS and other radio networks.
  - d. Coordinate with OSHP to ensure that security vehicles assigned to transportation vehicles have proper interoperable communications equipment.
  - e. Support public information and rumor control efforts throughout the emergency in accordance with ESF-15 (Emergency Public Information and External Affairs).
  - f. Provide situational assessment and coordination as outlined in the State EOP's Base Plan and in accordance with ESF-5 (Information and Planning), including providing coordination of state resources to support the deployment of the MCM.
  - g. Support recovery issues which may include, but, are not limited to, reimbursement for activities between local, state, and federal agencies as specified in ESF-14 (Recovery and Mitigation).
2. Ohio Department of Transportation (ODOT)
- a. Provide transport to-and-from repackaging site for the state pharmaceutical cache.
  - b. Provide transport to-and-from the ODH Vendor Managed Inventory Contractor and the ODH RSS.
  - c. Coordinate with ODH to manage transport from the activated RSS to RDS, CDS, PODs/treatment centers as detailed in ESF-1, Tab B, the Ohio Medical Countermeasure Transportation and Distribution Plan.
  - d. Provide current and updated information on the status of transportation routes throughout the state, as detailed in ESF-1, Tab B, the Ohio Medical Countermeasure Transportation and Distribution Plan.
  - e. In cooperation with OSHP and local law enforcement, assist in opening, closing, and maintaining access to roads or highways as needed.
  - f. Provide emergency re-route mapping for deliveries as necessary.
  - g. Coordinate with ODH, OSHP and OHNG to identify transportation routes from the RSS warehouse to all RDS, CDS, PODs and treatment centers.
3. Ohio Adjutant General's Department, Ohio National Guard (OHNG)
- a. Provide a facility for use as an RSS warehouse.

- b. Identify OHNG staff to provide 24/7 assistance and logistical support at the RSS in conjunction with ODH, OSHP and ODOT.
4. Ohio State Highway Patrol (OSHP)
- a. Provide 24/7 security at the RSS in conjunction with OHNG, ODNR and DAS, including:
    - i. Providing MCM security functions.
    - ii. Securing MCMs during loading, transport, delivery and transfer of custody.
    - iii. Coordinating with ESF-2 and OHNG to support communications for all aspects related to maintaining MCM security.
  - b. Coordinate with ESF-2 response agencies to ensure that OSHP vehicles that are assigned to MCM transportation missions have proper interoperable communications equipment.
  - c. Coordinate MCM transportation security to the RSS site.
  - d. Assess and evaluate the security needs of the RSS warehouse that are State owned or leased properties.
  - e. Coordinate or provide security at activated RSS sites to protect MCMs, as well as, Ohio responders working at the RSS.
  - f. Based on the transportation strategy and as detailed in ESF-1 (Transportation), coordinate with ODOT and OHNG to support the security of transportation routes from the RSS warehouse to RDS, CDS, PODs, and or Treatment Centers. Based on situation and resources this may include additional county or local distribution sites.
  - g. Coordinate with the U.S. Marshal Service, the Federal liaison, and local law enforcement agencies as necessary.
  - h. In coordination with OHNG, ensure security of transportation vehicles and drivers to escort MCMs until local custody of the MCMs is established.
  - i. OSHP will screen and verify that drivers and Ohio responders have proper credentials for security and transportation mission.
  - j. Coordinate security escort of the CDC SNS Services Advance Group (SSAG) from airport to RSS warehouse and other locations as directed.
  - k. Coordinate transportation security for out-of-state deliveries.
  - l. Provide emergency re-route mapping for deliveries as necessary in consultation with ODOT as detailed in ESF-1.

5. American Red Cross (ARC)
  - a. Provide support for MCM responders, as available, including food, shelter and other needs consistent with ARC's roles in ESF-6 and ESF-8 at the RSS in coordination with ESF-7 (Resource Support and Logistics).
  
6. Ohio Department of Administrative Services (DAS)
  - a. Coordinate in conjunction with ODH and the Ohio State Board of Pharmacy for the procurement of medical equipment and supplies, including maintaining contracts for bulk pill repackaging and bulk suspension reconstitution.
  - b. Identify and make available DAS staff that is skilled in facility operations to coordinate management, organization and warehouse availability.
  - c. Ensure transfer of custody of non-State facility used as RSS back to proper owner, once appropriate.
  - d. Provide resource support in accordance with ESF-7 (Resources Support and Logistics).

7. Ohio Department of Education (ODE)
  - a. Coordinate and support local school districts and private schools involved in mass dispensing or mass prophylaxis operations in accordance with ESF-7 (Resource Support and Logistics) and ESF-15 (Emergency Public Information and External Affairs).
8. Ohio Environmental Protection Agency (OEPA)
  - a. Provide pharmaceutical disposal technical assistance; as needed.
  - b. Provide pharmaceutical disposal support in accordance with ESF-10 (Hazardous Materials).
9. Ohio Department of Mental Health and Addiction Services (ODMH/AS)
  - a. Provide teams of behavioral health responders to address the needs of RSS responders and families.
  - b. Provide pharmacists to oversee pill repackaging and labeling of state cache.
10. Ohio Department of Natural Resources (ODNR)
  - a. In coordination with OSHP deploy sworn officers for safety, security and enforcement in accordance with ESF-13 (Law Enforcement).
  - b. Provide the use of agency-owned vehicles and operators for the transportation of MCMs in accordance with ESF-1 (Transportation).
11. Ohio Department of Rehabilitation and Correction (ODRC)
  - a. Provide semi-tractors, trailers and other covered delivery vehicles with drivers for distribution of MCMs from the RSS to other sites as needed, i.e. resource support in accordance with ESF-1 (Transportation).
  - b. Provide security at ODRC sites and support transportation security in coordination with ODOT, OHNG and OSHP in accordance with ESF-1 (Transportation).
12. Ohio State Board of Pharmacy (OSBP)
  - a. Provide information and recommendations regarding pharmaceutical dispensing/administration issues, labeling and repackaging.
    - i. In coordination with ODH, develop dispensing and vaccination sample protocols.

- ii. Coordinate messages for the pharmacy community in accordance with ESF-15 (Emergency Public Information and External Affairs).
- b. Oversee repackaging of bulk antibiotics into smaller unit of use bottles, if necessary.

### 13. Non-Governmental Organizations

- a. Coordinate with Support Agencies and ESFs regarding procedures for establishing communications with State entities based upon state connectivity and access requirements.
- b. The state will work with affiliated associations, to include the Ohio Hospital Association (OHA) and the Association of Ohio Health Commissioners (AOHC) to solicit their assistance in coordinating local health jurisdiction response operations.
- c. The state will work with retail pharmacy chains (RPC) to solicit their assistance in bolstering the local health jurisdiction response capability during mass dispensing campaigns.

## **V. PLAN MAINTENANCE**

- A. ODH will develop Ohio MCM Plan exercises in coordination with Ohio EMA that include state agencies in utilizing the National Incident Management System (NIMS); to facilitate, conduct, and lead table top exercises, drills, functional exercises, or full-scale exercises, with state and local agencies as participants.
- B. Ohio EMA will include Ohio MCM Plan exercises in the Ohio Training and Exercise Plan.
- C. A review and update of the Ohio MCM Plan will be accomplished annually by all state agencies identified within the plan to address plan deficiencies that are revealed during exercises or operations and to sustain the plan as an operational component of the State EOP.
- D. Ohio EMA will facilitate annual Ohio MCM Plan reviews and updates of this plan.

## ATTACHMENT 1

### ALGORITHM FOR REQUESTING, DEPLOYING AND RECEIVING MCM and SNS ASSETS

